

Effective October 1, 2000

Application or Docket Number

10012215-1

		5	SMALL ENTITY			OTHER THAN						
			(Column 1)		(Column 2)		. 1	TYPE		OR	SMALL	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	∂ <i>v</i> minus 20=		·Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		D			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=	·		+270=	•
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2		TOTAL		OR OR	TOTAL	Jun
CLAIMS AS AMENDED - PART II								Links on the				THAN
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	:	NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		* RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=	are and	OR	X\$18=	
	Independent	AITATION OF M	Minus	***	F OL ANA	=		X40=	c	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
TOTAL												
(Column 1) (Column 2) (Column 3)												
1		CLAIMS			HEST	(Column 3)	1 r		ADDI			ADDI
T B		REMAINING			IBER OUSLY	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
N.		AFTER AMENDMENT			FOR	EXTRA			FEE	3.7.7.1 3.7.6.4		FEE
AMENDMENT B	Total		Minus	• 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (,	=] [X\$ 9=		OR	X\$18=	
ME	Independent	19 1 / V	Minus	***	^ .	=	<u> </u>	X40=		OR	X80=	-
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	T CLAIM		┨╏	+135=		*	+270=	
•		<u>,</u>			•		1			OR	TOTAL	
1,3,7,			• * • •	•		2	,	TOTAL ADDIT. FEE	. :	OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING			HEST MBER	PRESENT	7 [ADDI-	l		ADDI-
		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total^\.	•	Minus	**		=]	X\$ 9=	1 66	OR	X\$18=	; ;
ME	Independent	•	Minus	***		=]	X40=			X80=	
[FIRST PRESENTATION OF MULTIPLE DEF				T CLAIM]	740-		OR		
					400		-	+135=		OR	+270=	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
		ımber Previously P nber Previously Pa						ınd in the apı	propriate bo	x in co	olumn 1.	